

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044313

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

5918

FILE NOV 21 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 3 Wks.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 1508 North 9th St	
3. NAME OF DECEASED (Type or print) First Earl Middle Trotter Last Trotter		4. DATE OF DEATH Month 10 Day 30 Year 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July-30-1926
9. AGE (last birthday) 37		10. IF UNDER 1 YEAR IF UNDER 24 HR Months 37 Days 37 Hours 37 Min. 37	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Bethany Hosp.	
11. BIRTHPLACE (City and state or country) La.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ed Trotter		13b. MOTHER'S MAIDEN NAME Elizabeth Conley	
14. NAME OF HUSBAND OR WIFE Ora Lee Lewis		Address 2117 E. 38th St K.C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. 9	
17. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis DUE TO (b) Glomerular nephritis DUE TO (c) Glomerular nephritis		INTERVAL BETWEEN ONSET AND DEATH 2 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)	
20c. TIME OF INJURY Hour 6:30 a.m. 6:30 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Kansas STATE Kansas
21. I attended the deceased from 10-17-63 to 10-30-63 and last saw him alive on 10-29-63 Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John R. Whitman MD (Degree or title)		22b. ADDRESS 6311 Brookline Plaza	
22c. DATE SIGNED 10-31-63		22d. LOCATION (City, town, or county) (State) Kansas City Kansas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-2-63	23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Kansas
24. FUNERAL DIRECTOR Nathan W. Thathher ADDRESS K.C.K.		25. DATE RECD. BY LOCAL REG. 10-31-63	
26. REGISTRAR'S SIGNATURE Bessie Smith			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF John R. Whitman, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clifford Woods

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.